Through these guidelines and Position Papers, clinical research and individual clinical trials inform clinical practice and evidence-based medicine. Much research has been conducted on the blood pressure (BP) consequences of three related behavioural interventions: increasing physical activity, losing weight, and modifying dietary habits. Accordingly, the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) observes that “Adoption of healthy lifestyles by all persons is critical for the prevention of high BP and is an indispensable part of the management of those with hypertension.” With regard to biopharmaceutical medicine, preapproval clinical trials bring new drugs to market and provide the information contained within each drug’s prescribing information (label). This information concerning the drug’s safety and therapeutic benefit (the best available information at the time of approval: additional information is gathered once a drug is being prescribed to patients) guides treatment decisions at the individual patient level. Also, as previously noted, clinical trials generate the evidence contained within treatment practice guidelines, which have a broader reach across populations of patients.

Ongoing and future clinical research in this therapeutic area therefore continues to influence the choice of target BPs for various patient populations and treatment algorithms.

Since non-adherence to behavioural interventions is equally as problematic as non-adherence to biopharmaceutical interventions, considerable research has been directed at ways of improving adherence, including educational programmes and the use of the internet. While such strategies have been demonstrated to be successful in relatively small studies, the challenge is to make them successful on a much larger public health scale.

A recent and very informative publication by Jennings is entitled “Recent clinical trials of hypertension management.” It covers pharmacological and non-pharmacological interventions, and also the treatment of drug-resistant hypertension, a very ‘hot topic’ in the hypertension literature, and the topic of our next column.

References